

ARIZONA STATE DEPARTMENT OF HEALTH

112

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Miami County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD* Male	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* November 8 1922 (Month) (Day) (Year)			
FULL NAME	FATHER <u>Frank P. Seville</u>		
FULL MAIDEN NAME	MOTHER <u>Marie C. Flores</u>		

I HEREBY CERTIFY that the child described
herein has been namedArthur F. Seville
(Give name in full) (Surname)Mrs. Marie C. Seville
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 11-41 A.P.

125-1108-462